

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/28/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155230		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 03/04/2013	
NAME OF PROVIDER OR SUPPLIER ROSEBUD VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 2050 CHESTER BLVD RICHMOND, IN 47374			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K010000	<p>A Life Safety Code and Environmental Preoccupancy Survey for the addition of 28 SNF/NF dually certified beds on the Memory Care Unit and the renovation of rooms 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28 on the Memory Care Unit as well as the activity room and therapy room was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 03/04/13</p> <p>Facility Number: 000135 Provider Number: 155230 AIM Number: 100266820</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code and Environmental Preoccupancy survey, Rosebud Village was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety From Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies, and 410 IAC 16.2-3.1-19, Environment and Physical Standards of Indiana Health</p>			K010000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible evidence and request a desk review in lieu of post re-certification on or after 3/20/13</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Facilities Rules for Comprehensive care facilities.</p> <p>This one story facility was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 110 and had a census of 68 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/12/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K010017 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 open use areas which was used as a treatment room on the Memory Care Unit was separated from the corridor. This deficient practice affects 12 residents who would use the therapy room at a time.</p> <p>Findings include:</p> <p>Based on observation on 03/04/13 at 10:30 a.m. with the administrator, the therapy room which was a treatment room was open to the corridor. This was verified by the administrator at the time of observation and confirmed by the administrator at the exit conference on 03/04/13 at 12:20 p.m..</p>			K010017	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? 2 smoke detectors have been hard wired into the therapy room and a glass wall has been installed to close off the corridor.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. All residents had the potential to be affected by this deficient practice, smoke detectors were installed to ensure no harm to residents would occur. What measures will be put into place or what systemic changes you</p>		03/20/2013

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	3.1-19(b)				<p>will make to ensure that the deficient practice does not recur?</p> <p>2 smoke detectors have been hard wired into the therapy room and a glass wall has been installed to close off the corridor. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>This action is permanent and the smoke detectors will now go on our quarterly inspection process. Monitoring will be reviewed by the CQI committee.</p>		

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K010067 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 egress corridor on the Memory Care Unit was not being used as a portion of a return air system/plenum for heating, ventilating, or air conditioning (HVAC) ductwork serving adjoining areas. NFPA 90A, Standard for the Installation of Air Conditioning and Ventilation Systems at 2-3.11.1 requires egress corridors shall not be used as a portion of a supply return or exhaust air system serving adjoining areas. This deficient practice could affect any residents who reside on the Memory Care Unit but the Memory Care Unit is not occupied.</p> <p>Findings include:</p> <p>Based on observations on 03/04/13 during a tour of the Memory Care Unit with the administrator from 9:20 a.m. to 11:40 a.m., all rooms in the Memory Care Unit used the egress corridor as a return air system. This was verified by the administrator at the time of observations and confirmed by the administrator at the 12:20 p.m. exit conference on 03/04/13.</p>			K010067	We are currently seeking a temporary waiver for K 67. This waiver will allow us to obtain bids and have the renovations completed within 90 days, or by June 27 th , 2013. Please approve this waiver.		03/20/2013

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